



United States Environmental Protection Agency Washington, D.C. 20460

Request for Pesticide Applicator Certification in Indian Country

LAST NAME (+ Jr, Sr, II, III etc.) FIRST NAME MI

C Z A P e n s k i L e o Y

MAILING ADDRESS

(b) [Redacted]

CITY STATE ZIP

(b) [Redacted]

AREA CODE TELEPHONE COUNTY OFFICE USE

(b) [Redacted]

EMAIL ADDRESS (optional)

LEO@CZAPENSKI@USDA aphs.usda.gov

2. BIRTH DATE: (b) [Redacted] 3. FEDERAL APPLICATOR ID # (if renewal):

4. CERTIFICATION TYPE: Initial Certificate Renewal/Recertification Replacement (Lost Card)

5. APPLICATOR TYPE: Commercial Applicator Private Applicator

6. CERTIFICATION METHOD:

a. Requesting federal certificate based on valid federal, state or tribal certificate or license. (Attach a copy of certificate.)

State (if applicable): ID Applicator Number: 43264

Expiration Date:

M	2	-	3	1	-	1	5
M	M		D	D		Y	Y

Applicator Category/Categories for which Certificate/License was Received (enter category code(s)): GV/LC

b. Completion of training (ONLY for private applicators who do not have a valid federal, state or tribal certificate or license)

By signing this application below and submitting to U.S. EPA, I hereby attest to the fact that:

1. I have personally completed the required training.
2. I understand and can apply the information therein.
3. I understand the significance of labeling and understand my legal responsibilities for the use of pesticides in accordance with label instructions and warnings;
4. and; I intend to purchase and use Restricted Use pesticides only for production of an agricultural commodity on property owned or rented by myself or my employer or to other property if the application is made without compensation other than trading of personal services between producers of agricultural commodities.

7. PLEASE SIGN HERE

I attest my certification has not been suspended or revoked in the last 4 years by any state, tribe, or territory. If it has been, please check this box and attach an explanation.

A false statement in this certification may be grounds for denial of certification and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). I certify that all the statements that I have made on this form are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

SIGNATURE: [Signature] DATE SIGNED: 3/19/14

(FOR OFFICE USE:)

REC: | APP: | INIT: | SENT:

RECEIVED

Lee Czapski
SIGNATURE

BEARER IS LICENSED IN ACCORDANCE WITH PROVISIONS OF TITLE 22, CHAPTER 24, IDAHO CODE AND IS ENTITLED TO WORK WITH THE CLASSIFICATION AS INDICATED. CARDS MUST BE ENDORSED TO BE VALID.
IDAHO STATE DEPARTMENT OF AGRICULTURE

2014345-4

2014346-6

STATE OF
IDAHO



LEE CZAPENSKI
PROFESSIONAL APPLICATOR
CATEGORIES GV LC
LICENSE 43264, EXPIRES 12/15





United States Environmental Protection Agency Washington, D.C. 20460

Request for Pesticide Applicator Certification in Indian Country

LAST NAME (+ Jr, Sr, II, III etc.) FIRST NAME MI

J O H N S O N J E R E M Y S

MAILING ADDRESS

(b) (6)

CITY STATE ZIP

(b) (6)

AREA CODE TELEPHONE COUNTY OFFICE USE

(b) (6)

EMAIL ADDRESS (optional)

JEREMY.S.JOHNSON@USDA.APKIS-USDA.GOV

2. BIRTH DATE: (b) (6) 3. FEDERAL APPLICATOR ID # (if renewal):

4. CERTIFICATION TYPE: Initial Certificate Renewal/Recertification Replacement (Lost Card)

5. APPLICATOR TYPE: Commercial Applicator Private Applicator

6. CERTIFICATION METHOD:

a. Requesting federal certificate based on valid federal, state or tribal certificate or license. (Attach a copy of certificate.)

State (if applicable): ID Applicator Number: 50210

Expiration Date:

1	2	-	15	-	15
M	M		D		Y

Applicator Category/Categories for which Certificate/License was Received (enter category code(s)): GV

b. Completion of training (ONLY for private applicators who do not have a valid federal, state or tribal certificate or license)

By signing this application below and submitting to U.S. EPA, I hereby attest to the fact that:

1. I have personally completed the required training.
2. I understand and can apply the information therein.
3. I understand the significance of labeling and understand my legal responsibilities for the use of pesticides in accordance with label instructions and warnings;
4. and; I intend to purchase and use Restricted Use pesticides only for production of an agricultural commodity on property owned or rented by myself or my employer or to other property if the application is made without compensation other than trading of personal services between producers of agricultural commodities.

7. PLEASE SIGN HERE

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SIGNATURE: Jeremy Johnson
(FOR OFFICE USE)

DATE SIGNED: 3/19/14

REC: | APP: | INIT: | SENT:

Jeremy S. Johnson
SIGNATURE

BEARER IS LICENSED IN ACCORDANCE
WITH PROVISIONS OF TITLE 22, CHAPTER 34, IDAHO CODE
AND IS ENTITLED TO WORK WITH THE CLASSIFICATIONS
AS INDICATED. CARDS MUST BE ENDORSED ABOVE TO BE VALID.
IDAHO STATE DEPARTMENT OF AGRICULTURE

2014345-4

2014346-6

JEREMY S. JOHNSON
PROFESSIONAL APPLICATOR
CATEGORIES GV
LICENSE 50210, EXPIRES 12/15

IDAHO



United States Government



SEP2014

USDA

Affiliation
Employee
Agency/Department
Department of
Agriculture

Expires
2014SEP29

JOHNSON,
JEREMY S.



Emergency Response Official



United States Environmental Protection Agency Washington, D.C. 20460

Request for Pesticide Applicator Certification in Indian Country

LAST NAME (+ Jr, Sr, II, III etc.) FIRST NAME MI

Jones Greg W

MAILING ADDRESS

(b) (6)

CITY STATE ZIP

(b) (6)

AREA CODE TELEPHONE COUNTY OFFICE USE

(b) (6)

EMAIL ADDRESS (optional)

(b) (6)

2. BIRTH DATE: (b) (6) 3. FEDERAL APPLICATOR ID # (if renewal):

4. CERTIFICATION TYPE: Initial Certificate Renewal/Recertification Replacement (Lost Card)

5. APPLICATOR TYPE: Commercial Applicator Private Applicator

6. CERTIFICATION METHOD:

a. Requesting federal certificate based on valid federal, state or tribal certificate or license. (Attach a copy of certificate.)

State (if applicable): OR Applicator Number: AG-20138514 PPA

Expiration Date:

1	2	3	1	1	6		
M	M	-	D	D	-	Y	Y

Applicator Category/Categories for which Certificate/License was Received (enter category code(s)): 735, 820

b. Completion of training (ONLY for private applicators who do not have a valid federal, state or tribal certificate or license)

By signing this application below and submitting to U.S. EPA, I hereby attest to the fact that:

1. I have personally completed the required training.
2. I understand and can apply the information therein.
3. I understand the significance of labeling and understand my legal responsibilities for the use of pesticides in accordance with label instructions and warnings;
4. and; I intend to purchase and use Restricted Use pesticides only for production of an agricultural commodity on property owned or rented by myself or my employer or to other property if the application is made without compensation other than trading of personal services between producers of agricultural commodities.

7. PLEASE SIGN HERE

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A false statement in this certification may be grounds for denial of certification and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). I certify that all the statements that I have made on this form are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

SIGNATURE: Gregory Jones

DATE SIGNED: 3-19-20

REC: APP: INIT: SENT:

Mr. Jones did not mean to check this box. His cert has not been sus or revoked in the last 4 years.
 Assistant Pesticide Specialist
 15 April 2020

Public Pesticide Applicator

Certification Period: 01/01/2012 thru 12/31/2016

Lic: AG-L0138514PPA Expires: 12/31/2014

Name: GREGORY W. JONES

Address: USDA APHIS WILDLIFE SERV
6135 NE 80TH AVE, SUITE A-8
PORTLAND OR 97218

Categories: 735-820

License Categor 2014346-6 2014345-4

720 - Marine Fouling Organism	700 - Right of Way
731 - Agriculture Insecticide & Fungicide	791 - IIHS General Pests
732 - Agriculture Herbicide	792 - IIHS Structural Pests
733 - Agriculture Soil Fumigation	793 - IIHS Space Fumigation
734 - Agriculture Livestock Pests	794 - IIHS Moss Control
735 - Agriculture Vertebrate Pests	795 - IIHS Wood Treatment
736 - Agriculture Soil Fumigation II	801 - Orn & Turf Insecticide & Fungicide
740 - Aquatic	802 - Orn & Turf Herbicide
750 - Demonstration & Research	810 - Seed Treatment
760 - Forest	820 - Regulatory Predator
770 - Public Health	830 - Regulatory Weed



United States Environmental Protection Agency Washington, D.C. 20460

Request for Pesticide Applicator Certification in Indian Country

LAST NAME (+ Jr, Sr, II, III etc.) FIRST NAME MI

K O C H E R H A N S S A M U E L F

MAILING ADDRESS

(b) (6)

CITY STATE ZIP

(b) (6)

AREA CODE TELEPHONE COUNTY OFFICE USE

(b) (6)

EMAIL ADDRESS (optional)

S A M U E L @ F . K O C H E R H A N S . A P H I S . U S D A . G O V

2. BIRTH DATE: (b) (6) 3. FEDERAL APPLICATOR ID # (if renewal):

4. CERTIFICATION TYPE: Initial Certificate Renewal/Recertification Replacement (Lost Card)

5. APPLICATOR TYPE: Commercial Applicator Private Applicator

6. CERTIFICATION METHOD:

a. Requesting federal certificate based on valid federal, state or tribal certificate or license. (Attach a copy of certificate.)

State (if applicable): ID Applicator Number: 28970

Expiration Date:

1	2	3	1	1	5		
M	M	-	D	D	-	Y	Y

Applicator Category/Categories for which Certificate/License was Received (enter category code(s)): GV LC

b. Completion of training (ONLY for private applicators who do not have a valid federal, state or tribal certificate or license)

By signing this application below and submitting to U.S. EPA, I hereby attest to the fact that:

- I have personally completed the required training.
- I understand and can apply the information therein.
- I understand the significance of labeling and understand my legal responsibilities for the use of pesticides in accordance with label instructions and warnings;
- and; I intend to purchase and use Restricted Use pesticides only for production of an agricultural commodity on property owned or rented by myself or my employer or to other property if the application is made without compensation other than trading of personal services between producers of agricultural commodities.

7. PLEASE SIGN HERE Sam Kocherhans

I attest my certification has not been suspended or revoked in the last 4 years by any state, tribe, or territory. If it has been, please check this box and attach an explanation.

A false statement in this certification may be grounds for denial of certification and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). I certify that all the statements that I have made on this form are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

SIGNATURE: Sam Kocherhans DATE SIGNED: 3-19-14
(FOR OFFICE USE:)

REC: | APP: | INIT: | SENT:



IDAHO
SAM KOCHERHANS
PROFESSIONAL APPLICATOR
CATEGORIES GV LC
LICENSE 28970, EXPIRES 12/15



Sam Kocherhans
SIGNATURE

BEARER IS LICENSED IN ACCORDANCE WITH PROVISIONS OF THE PROFESSIONAL APPLICATOR CODE AND IS ENTITLED TO WORK WITH THE PEST APPLICATORS AS INDICATED. CATEGORIES MUST BE EXPRESSED ABOVE TO BE VALID.
IDAHO STATE DEPARTMENT OF AGRICULTURE

2014345-4

2014346-6

George



ATHA KRIWOX
PROFESSIONAL APPLICATOR
CATEGORIES GV LC
LICENSE 41435, EXPIRES 12/15



Atha Kriwox

SIGNATURE

BEARER IS LICENSED IN ACCORDANCE
WITH PROVISIONS OF TITLE 22, CHAPTER 24, IDAHO CODE
AND IS ENTITLED TO WORK WITH THE CLASSIFICATIONS
AS INDICATED ON THIS LICENSE. THIS LICENSE WILL BE VALID.
IDAHO STATE DEPARTMENT OF AGRICULTURE

2014345-4

2014346-6



United States Environmental Protection Agency Washington, D.C. 20460

Request for Pesticide Applicator Certification in Indian Country

LAST NAME (+ Jr, Sr, II, III etc.) FIRST NAME MI

Robinson Shane L

MAILING ADDRESS

(b) (6)

CITY STATE ZIP

(b) (6)

AREA CODE TELEPHONE COUNTY OFFICE USE

(b) (6)

EMAIL ADDRESS (optional)

Shane.L.Robinson@aphis.usda.gov

2. BIRTH DATE: (b) (6) 3. FEDERAL APPLICATOR ID # (if renewal): ~~32417~~

4. CERTIFICATION TYPE: Initial Certificate Renewal/Recertification Replacement (Lost Card)

5. APPLICATOR TYPE: Commercial Applicator Private Applicator

6. CERTIFICATION METHOD:

a. Requesting federal certificate based on valid federal, state or tribal certificate or license. (Attach a copy of certificate.)

State (if applicable): ID Applicator Number: 32417

Expiration Date: 12-31-14

Applicator Category/Categories for which Certificate/License was Received (enter category code(s)): GU/LC

b. Completion of training (ONLY for private applicators who do not have a valid federal, state or tribal certificate or license)

By signing this application below and submitting to U.S. EPA, I hereby attest to the fact that:

- I have personally completed the required training.
- I understand and can apply the information therein.
- I understand the significance of labeling and understand my legal responsibilities for the use of pesticides in accordance with label instructions and warnings;
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7. PLEASE SIGN HERE

I attest my certification has not been suspended or revoked in the last 4 years by any state, tribe, or territory. If it has been, please check this box and attach an explanation.

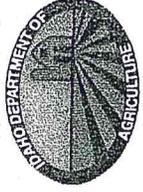
A false statement in this certification may be grounds for denial of certification and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). I certify that all the statements that I have made on this form are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

SIGNATURE: Shane Robinson
(FOR OFFICE USE:)

DATE SIGNED: 3-19-14

REC: | APP: | INIT: | SENT:

Attn: George



STATE OF IDAHO

SHANE ROBINSON
PROFESSIONAL APPLICATOR
CATEGORIES GV/LC
LICENSE 32417, EXPIRES 12/14



Shane Robinson
SIGNATURE

BEARER IS LICENSED IN ACCORDANCE
WITH PROVISIONS OF TITLE 22, CHAPTER 34, IDAHO CODE
AND IS ENTITLED TO WORK WITH THE CLASSIFICATIONS
AS INDICATED. CARDS MUST BE ENDORSED ABOVE TO BE VALID.
IDAHO STATE DEPARTMENT OF AGRICULTURE

2013366-1
2013559-3
2014345-4
2014346-6

RECEIVED
MAY 10 2014
WS



United States Environmental Protection Agency Washington, D.C. 20460

Request for Pesticide Applicator Certification in Indian Country

LAST NAME (+ Jr, Sr, II, III etc.) FIRST NAME MI

S I M O N S O N E R I C L

MAILING ADDRESS

(b) (6)

CITY STATE ZIP

(b) (6)

AREA CODE TELEPHONE COUNTY OFFICE USE

(b) (6)

EMAIL ADDRESS (optional)

eric.l.simonsone@aphis.usda.gov

2. BIRTH DATE: (b) (6) 3. FEDERAL APPLICATOR ID # (if renewal): ~~43519~~

4. CERTIFICATION TYPE: Initial Certificate Renewal/Recertification Replacement (Lost Card)

5. APPLICATOR TYPE: Commercial Applicator Private Applicator

6. CERTIFICATION METHOD:

a. Requesting federal certificate based on valid federal, state or tribal certificate or license. (Attach a copy of certificate.)

State (if applicable): ID Applicator Number: 43519 43519

Expiration Date:

1	2	3	1	4
M	M	-	D	Y

Applicator Category/Categories for which Certificate/License was Received (enter category code(s)): GV LC

b. Completion of training (ONLY for private applicators who do not have a valid federal, state or tribal certificate or license)

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SIGNATURE: [Signature]
(FOR OFFICE USE:)

DATE SIGNED: 3-19-14

REC: | APP: | INIT: | SENT:

IDAHO



ERIC L SIMONSON
PROFESSIONAL APPLICATOR
CATEGORIES GV LC
LICENSE 43519, EXPIRES 12/14



SIGNATURE

BEARER IS LICENSED IN ADOBE ILLUSTRATOR AND IS ENTITLED TO THE PROFESSIONAL APPLICATOR TITLE 22, CHAPTER 31, SECTION 2002 AS SHOWN ON THIS LICENSE. BEARER MUST MAINTAIN A CURRENT AND VALID LICENSE TO BE ELIGIBLE TO APPLY FOR A PROFESSIONAL APPLICATOR LICENSE. BEARER'S LICENSE IS VALID THROUGH 12/31/14.

2013306-1

2014345-4

2014346-6



United States Environmental Protection Agency Washington, D.C. 20460

Request for Pesticide Applicator Certification in Indian Country

LAST NAME (+ Jr, Sr, II, III etc.) FIRST NAME MI
 S U L L I V A N T O D D L

MAILING ADDRESS
 (b) (6)

CITY STATE ZIP
 (b) (6) (b) (6)

AREA CODE TELEPHONE COUNTY OFFICE USE
 (b) (6)

EMAIL ADDRESS (optional)
 todd.l.sullivan@aphis.usda.gov

2. BIRTH DATE: (b) (6) 3. FEDERAL APPLICATOR ID # (if renewal): 50211

4. CERTIFICATION TYPE: Initial Certificate Renewal/Recertification Replacement (Lost Card)

5. APPLICATOR TYPE: Commercial Applicator Private Applicator

6. CERTIFICATION METHOD:

a. Requesting federal certificate based on valid federal, state or tribal certificate or license. (Attach a copy of certificate.)

State (if applicable): ID Applicator Number: 50211

Expiration Date: 12-01-14
 M M - D D - Y Y

Applicator Category/Categories for which Certificate/License was Received (enter category code(s)): GV

b. Completion of training (ONLY for private applicators who do not have a valid federal, state or tribal certificate or license)

By signing this application below and submitting to U.S. EPA, I hereby attest to the fact that:

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SIGNATURE: Todd L. Sullivan DATE SIGNED: 3/19/14
 (FOR OFFICE USE:)

REC: | APP: | INIT: | SENT:

SIGNATURE

DRIVER IS LICENSED IN ACCORDANCE WITH THE PROVISIONS OF TITLE 18, CHAPTER 14, IDAHO CODE. ANY CHANGES TO THIS LICENSE MUST BE PRINTED ABOVE TO BE VALID. IDAHO STATE DEPARTMENT OF AGRICULTURE

2013366-1

2013056-14

#90279

11-14-13

2014345-4

2014346-6



IDAHO

TODD L SULLIVAN
PROFESSIONAL APPLICATOR
CATEGORIES GV
LICENSE 50211, EXPIRES 12/14





United States Environmental Protection Agency Washington, D.C. 20460

Request for Pesticide Applicator Certification in Indian Country

LAST NAME (+ Jr, Sr, II, III etc.) FIRST NAME MI
 W I L S O N C O D Y A

MAILING ADDRESS (b) (6)

CITY STATE ZIP
 (b) (6)

AREA CODE TELEPHONE COUNTY OFFICE USE
 (b) (6)

EMAIL ADDRESS (optional)
 C O D Y , A . W I L S O N @ A P H I S . U S D A . G O V

2. BIRTH DATE: (b) (6) 3. FEDERAL APPLICATOR ID # (if renewal):

4. CERTIFICATION TYPE: Initial Certificate Renewal/Recertification Replacement (Lost Card)

5. APPLICATOR TYPE: Commercial Applicator Private Applicator

6. CERTIFICATION METHOD:

a. Requesting federal certificate based on valid federal, state or tribal certificate or license. (Attach a copy of certificate.)

State (if applicable): IO Applicator Number: 54436

Expiration Date: 12-31-14

Applicator Category/Categories for which Certificate/License was Received (enter category code(s)): GV

b. Completion of training (ONLY for private applicators who do not have a valid federal, state or tribal certificate or license)

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- I have personally completed the required training.
- I understand and can apply the information therein.
- I understand the significance of labeling and understand my legal responsibilities for the use of pesticides in accordance with label instructions and warnings;
- and; I intend to purchase and use Restricted Use pesticides only for production of an agricultural commodity on property owned or rented by myself or my employer or to other property if the application is made without compensation other than trading of personal services between producers of agricultural commodities.

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SIGNATURE: Cody Wilson
 (FOR OFFICE USE:)

DATE SIGNED: 3-19-14

REC: | APP: | INIT: | SENT:

Attn: George Graves

IDAHO



CODY A WILSON
PROFESSIONAL APPLICATOR
CATEGORIES GV
LICENSE 54436, EXPIRES 12/14



2014345-4
2014346-6

BEARER IS LICENSED IN ACCORDANCE
WITH PROVISIONS OF TITLE 22, CHAPTER 34, IDAHO CODE
AND IS EXEMPTED FROM THE REQUIREMENTS AS
INDICATED. CARDS MUST BE EXHIBITED ABOVE TO BE VALID.
IDAHO STATE DEPARTMENT OF AGRICULTURE

SIGNATURE
Cody A. Wilson